

<p>FORM HIS-3 (1995) (6-1-95)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL NATIONAL CENTER FOR HEALTH STATISTICS</p> <p style="text-align: center;">NATIONAL HEALTH INTERVIEW SURVEY</p> <p style="text-align: center;">1995 SUPPLEMENT BOOKLET</p> <p>III. FAMILY RESOURCES IV. YEAR 2000 OBJECTIVES V. AIDS KNOWLEDGE AND ATTITUDES</p>	<p>NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA (0920-0214); Hubert H. Humphrey Building, Room 737-F, 200 Independence Avenue, SW; Washington, DC 20201.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">1. RO</td> <td style="width:15%;">2. Sample</td> <td style="width:15%;">Suffix</td> <td style="width:15%;">3. Week</td> <td style="width:15%;">4. Book ___ of</td> <td style="width:10%;">RT 84</td> </tr> <tr> <td style="text-align: center;">9-10</td> <td style="text-align: center;">11-13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15-16</td> <td style="text-align: center;">___ books</td> <td style="text-align: center;">3-7 8</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5. Control number</td> <td style="width:10%;">6. Family number</td> <td style="width:30%; text-align: center;">32</td> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">PSU</td> <td style="width:10%;">Segment</td> <td style="width:10%;">Suffix</td> <td style="width:10%;">Serial</td> <td style="width:10%;">Suffix</td> <td style="width:10%;">Check digit</td> </tr> <tr> <td style="text-align: center;">17-21</td> <td style="text-align: center;">22-25</td> <td style="text-align: center;">26-27</td> <td style="text-align: center;">28-29</td> <td style="text-align: center;">30</td> <td style="text-align: center;">31</td> </tr> </table> </td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">7. Field Representative's name</td> <td style="width:25%;">Code</td> <td style="text-align: center;">33-35</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">8. Beginning time</td> <td style="width:10%; text-align: center;">36-39</td> <td style="width:10%; text-align: center;">40</td> <td style="width:25%;">9. Ending time</td> <td style="width:10%; text-align: center;">41-44</td> <td style="width:10%; text-align: center;">45</td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> a.m.</td> <td></td> <td></td> <td style="text-align: center;">1 <input type="checkbox"/> a.m.</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">2 <input type="checkbox"/> p.m.</td> <td></td> <td></td> <td style="text-align: center;">2 <input type="checkbox"/> p.m.</td> <td></td> </tr> </table>	1. RO	2. Sample	Suffix	3. Week	4. Book ___ of	RT 84	9-10	11-13	14	15-16	___ books	3-7 8	5. Control number	6. Family number	32	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">PSU</td> <td style="width:10%;">Segment</td> <td style="width:10%;">Suffix</td> <td style="width:10%;">Serial</td> <td style="width:10%;">Suffix</td> <td style="width:10%;">Check digit</td> </tr> <tr> <td style="text-align: center;">17-21</td> <td style="text-align: center;">22-25</td> <td style="text-align: center;">26-27</td> <td style="text-align: center;">28-29</td> <td style="text-align: center;">30</td> <td style="text-align: center;">31</td> </tr> </table>	PSU	Segment	Suffix	Serial	Suffix	Check digit	17-21	22-25	26-27	28-29	30	31			7. Field Representative's name	Code	33-35	8. Beginning time	36-39	40	9. Ending time	41-44	45		1 <input type="checkbox"/> a.m.			1 <input type="checkbox"/> a.m.			2 <input type="checkbox"/> p.m.			2 <input type="checkbox"/> p.m.	
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SAMPLE PERSON LIST

ITEM IV1

Are there any nondeleted persons 18+ years old in this family? Yes (List by age, oldest to youngest) No (Section III)

RT 85	3-4	5-6	7	Last name	First name	8	9
Line No.	Person No.	Age	Sex			SP	List No.
1			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
2			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
3			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
4			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
5			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
6			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
7			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
8			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1
9			1 <input type="checkbox"/> M 2 <input type="checkbox"/> F			1 <input type="checkbox"/>	1

Refer to the 18+ part of the sample selection label and circle as applicable. Mark (X) the "SP" box in the column above for the selected sample person 18+. THEN, go to Section III.

Notes

RT 87

Section III - FAMILY RESOURCES

Part A - ACCESS TO CARE

PERSON 1 3-4

{The next questions are about medical care.}

1a. Is there one doctor, person, or place that -- USUALLY goes to when -- is sick or needs advice about -- health?

- 1a.** 1 Yes } (NP or A1)
 2 No }
 3 There is more than one (1b)
 9 DK (NP or A1)

5

b. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?

- b.** 1 Yes } (NP or A1)
 2 No }
 9 DK }

6

ITEM A1

Refer to questions 1a and 1b above.

- A1** 1 Yes in 1a or 1b (5 on page 4)
 2 DK in 1a (4 on page 4)
 8 Other (2)

7

HAND CARD FA1. Read categories if telephone interview.

2. Which of these is the MAIN reason -- does not have a usual source of medical care?

Mark (X) only one.

- 2.** 01 Two or more usual doctors/places (A2)
 02 Doesn't need a doctor
 03 Doesn't like/trust/believe in doctors
 04 Doesn't know where to go
 05 Previous doctor is not available/moved
 06 No insurance/Can't afford it
 07 Speak a different language
 08 No care available/Care too far away, not convenient
 09 Changed residence
 98 Other - Specify
 99 DK
- (4 on page 4)

8-9

ITEM A2

Refer to question 1a above.

- A2** 1 "No" in 1a (3a)
 2 "There is more than one" in 1a (3b)

10

3a. Is there ONE of those places that -- goes to MOST OFTEN when -- is sick or needs advice about -- health?

- 3a.** 1 Yes (5 on page 4)
 2 No } (3b)
 9 DK }

11

b. Is there a particular place -- USUALLY goes to when -- needs routine or preventive medical care, such as a general physical examination or check-up, a flu shot, or other immunizations?

- b.** 1 Yes } (4 on page 4)
 2 No }
 9 DK }

12

Notes

Part A – ACCESS TO CARE – Continued	PERSON 1
<p>4a. At ANY time in the past 12 months, DID -- have a place that -- went to for medical care?</p>	<p>4a. 13</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No (A1 for NP, or 10 on page 6) 9 <input type="checkbox"/> DK (10 on page 6)</p>
<p>b. What kind of place was it — a clinic, a health center, a hospital, a hospital emergency room, a doctor's office, or some other place?</p> <p><i>Mark (X) only one.</i></p>	<p>b. 14-15</p> <p>01 <input type="checkbox"/> Hospital emergency room 02 <input type="checkbox"/> Urgent care/walk-in clinic 03 <input type="checkbox"/> Doctor's office 04 <input type="checkbox"/> Clinic 05 <input type="checkbox"/> Health center 06 <input type="checkbox"/> Hospital outpatient clinic 07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group 08 <input type="checkbox"/> Military or VA health care facility 98 <input type="checkbox"/> Some other place - Specify <u> </u> 99 <input type="checkbox"/> DK</p>
<p>c. If -- needed medical care NOW, would -- go to that (place in 4b)?</p> <p><i>HAND CARD FA2. Read categories if telephone interview.</i></p>	<p>c. 16</p> <p>1 <input type="checkbox"/> Yes (A1 for NP, or 10 on page 6) 2 <input type="checkbox"/> No (4d) 9 <input type="checkbox"/> DK (A1 for NP, or 10 on page 6)</p>
<p>d. What is the MAIN reason -- would not use that place for medical care NOW?</p> <p><i>Mark (X) only one.</i></p>	<p>d. 17-18</p> <p>01 <input type="checkbox"/> Changed residence/moved 02 <input type="checkbox"/> Changed jobs 03 <input type="checkbox"/> Employer changed insurance coverage 04 <input type="checkbox"/> Former usual source not available 05 <input type="checkbox"/> Owed money to former usual source 06 <input type="checkbox"/> Dissatisfied with former source/ liked new source better 07 <input type="checkbox"/> Medical care needs changed 08 <input type="checkbox"/> Former usual source stopped taking insurance/ coverage 98 <input type="checkbox"/> Other - Specify <u> </u> 99 <input type="checkbox"/> DK</p> <p style="text-align: right; margin-right: 20px;">(A1 for NP, or 10 on page 6)</p>
<p>5a. What kind of place is it that -- goes to — a clinic, a health center, a hospital, a hospital emergency room, a doctor's office, or some other place?</p> <p><i>Mark (X) only one.</i></p>	<p>5a. 19-20</p> <p>01 <input type="checkbox"/> Hospital emergency room } (7 on page 6) 02 <input type="checkbox"/> Urgent care/ walk-in clinic } 03 <input type="checkbox"/> Doctor's office 04 <input type="checkbox"/> Clinic 05 <input type="checkbox"/> Health center 06 <input type="checkbox"/> Hospital outpatient clinic 07 <input type="checkbox"/> HMO (Health Maintenance Organization)/ Prepaid group } (5b) 08 <input type="checkbox"/> Military or VA health care facility 98 <input type="checkbox"/> Some other place - Specify <u> </u> 99 <input type="checkbox"/> DK</p>
<p>b. Is there a particular person -- usually sees when -- goes there?</p>	<p>b. 21</p> <p>1 <input type="checkbox"/> Yes (6 on page 6) 2 <input type="checkbox"/> No (7 on page 6) 9 <input type="checkbox"/> DK (7 on page 6)</p>

Part A - ACCESS TO CARE - Continued		PERSON 1
<p>6a. Is that person a doctor or nurse or some other health professional? <i>Mark (X) only one.</i></p>	<p>6a. 22</p> <p> <input type="checkbox"/> Doctor (6b) <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Physician's assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other - Specify <i>z</i> _____ <input type="checkbox"/> DK </p>	
<p>b. Is this a doctor who treats a variety of illnesses and gives routine care, or a doctor who mainly treats just one type of health problem? <i>Mark (X) only one.</i></p>	<p>b. 23</p> <p> <input type="checkbox"/> Family doctor/general practitioner/internist/pediatrician <input type="checkbox"/> Obstetrician/gynecologist <input type="checkbox"/> Other specialist <input type="checkbox"/> DK </p>	
<p>7. When was the last time -- went to the (place in 5a) for ANY kind of medical care? (This is the (place in 5a) that -- usually goes to for medical care.) <i>Mark (X) only one.</i></p>	<p>7. 24</p> <p> <input type="checkbox"/> Hasn't been there yet/Never <input type="checkbox"/> Less than 3 months ago <input type="checkbox"/> At least 3 months, but less than 6 months ago <input type="checkbox"/> At least 6 months, but less than 1 year ago <input type="checkbox"/> At least 1 year, but less than 2 years ago <input type="checkbox"/> Two or more years ago <input type="checkbox"/> DK </p>	
<p>8. Is the (place in 5a) the place -- (usually goes/would go) to when -- needs routine or preventive medical care, such as a general physical examination or check-up, a flu shot, or other immunizations? (This is the (place in 5a) that -- usually goes to for medical care.)</p>	<p>8. 25</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p>	
<p>9. During the past 12 months, did -- go to any OTHER place for medical care?</p>	<p>9. 26</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </p> <p style="text-align: right;">(A1 for NP, or 10)</p>	
<p>10a. At any time in the past 12 months did anyone in the family CHANGE the place to which he or she USUALLY goes for medical care?</p>	<p>10a. 27</p> <p> <input type="checkbox"/> Yes (10b) <input type="checkbox"/> No <input type="checkbox"/> DK </p> <p style="text-align: right;">(11 on page 8)</p>	
<p>b. Who is this? <i>Mark (X) "Changed usual source" box in person's column.</i></p>	<p>b. 28</p> <p> <input type="checkbox"/> Changed usual source </p>	
<p>c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No (10d) <i>HAND CARD FA2. Read categories if telephone interview.</i> <i>Ask for each person with 10b marked.</i></p>	<p style="text-align: right;">29-30</p>	
<p>d. The LAST time this happened, what was the MAIN reason -- changed -- USUAL source of care? <i>Mark (X) only one.</i></p>	<p>d. (10d for NP with 10b, or 11 on page 8)</p> <p> <input type="checkbox"/> 01 Changed residence/moved <input type="checkbox"/> 02 Changed jobs <input type="checkbox"/> 03 Employer changed insurance coverage <input type="checkbox"/> 04 Former usual source not available <input type="checkbox"/> 05 Owed money to former usual source <input type="checkbox"/> 06 Dissatisfied with former source or liked new source better <input type="checkbox"/> 07 Medical care needs changed <input type="checkbox"/> 08 Former usual source stopped taking insurance/coverage <input type="checkbox"/> 09 Other - Specify <i>z</i> _____ <input type="checkbox"/> 99 DK </p>	

Part A - ACCESS TO CARE - Continued		PERSON 1
<p>11a. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when someone in the family needed medical care or surgery, but did not get it?</p> <p>b. Who didn't get needed care? Mark (X) "Didn't get care" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 11b and c) <input type="checkbox"/> No Ask 11d and e for each person with 11b marked.</p> <p>d. The LAST time -- did not get the care -- needed, what was the MAIN reason -- didn't get care? Mark (X) only one.</p>	<p>11a. <input type="checkbox"/> Yes (11b) <input type="checkbox"/> No <input type="checkbox"/> DK } (12)</p> <p>b. <input type="checkbox"/> Didn't get care</p> <p>d. <input type="checkbox"/> Could not afford it <input type="checkbox"/> No insurance <input type="checkbox"/> Doctor did not accept Medicaid/insurance plan <input type="checkbox"/> Insurance didn't cover <input type="checkbox"/> Not serious enough <input type="checkbox"/> Wait too long in clinic/office <input type="checkbox"/> Difficulty getting an appointment <input type="checkbox"/> Doesn't like/trust/believe in doctors <input type="checkbox"/> No doctor available <input type="checkbox"/> Didn't know where to go <input type="checkbox"/> No way to get there <input type="checkbox"/> Hours not convenient <input type="checkbox"/> Speak a different language <input type="checkbox"/> Health of another family member interfered <input type="checkbox"/> Clinic/office not accessible <input type="checkbox"/> Other - Specify π <input type="checkbox"/> DK</p>	<p style="text-align: right;">31</p> <p style="text-align: right;">32</p> <p style="text-align: right;">33-34</p> <p style="text-align: right;">(11d for NP with 11b marked, or 12)</p> <p style="text-align: right;">(11e)</p> <p style="text-align: right;">35</p>
<p>e. At ANY TIME during the past 12 months was lack of insurance or money A reason why -- did not get the medical care -- needed?</p>	<p>e. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (11d for NP with 11b, or 12)</p>	<p style="text-align: right;">36</p> <p style="text-align: right;">37</p>
<p>12a. During the past 12 months, has anyone in the family delayed seeking medical care because of worry about the cost?</p> <p>b. Who delayed getting needed care? Mark (X) "Delayed getting care" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 12b and c) <input type="checkbox"/> No (13)</p>	<p>12a. <input type="checkbox"/> Yes (12b) <input type="checkbox"/> No <input type="checkbox"/> DK } (13)</p> <p>b. <input type="checkbox"/> Delayed getting care</p>	<p style="text-align: right;">38</p> <p style="text-align: right;">39</p>
<p>13a. During the past 12 months, was there any time when someone in the family needed dental care but could not get it?</p> <p>b. Who is this? Mark (X) "Didn't get dental care" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 13b and c) <input type="checkbox"/> No (14 on page 10)</p>	<p>13a. <input type="checkbox"/> Yes (13b) <input type="checkbox"/> No <input type="checkbox"/> DK } (14 on page 10)</p> <p>b. <input type="checkbox"/> Didn't get dental care</p>	<p style="text-align: right;">38</p> <p style="text-align: right;">39</p>
<p>Notes</p>		

Part A – ACCESS TO CARE – Continued		PERSON 1
<p>14a. During the past 12 months, was there any time when someone in the family needed prescription medicines but could not get them?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get prescription" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 14b and c) <input type="checkbox"/> No (15)</p>	<p>14a. 40</p> <p>1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (15) 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 41</p> <p>1 <input type="checkbox"/> Didn't get prescription</p>	
<p>15a. During the past 12 months, was there any time when someone in the family needed eyeglasses but could not get them?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get eyeglasses" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 15b and c) <input type="checkbox"/> No (16)</p>	<p>15a. 42</p> <p>1 <input type="checkbox"/> Yes (15b) 2 <input type="checkbox"/> No } (16) 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 43</p> <p>1 <input type="checkbox"/> Didn't get eyeglasses</p>	
<p>16a. During the past 12 months, was there any time when someone in the family needed mental health care but could not get it?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Didn't get mental health care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 16b and c) <input type="checkbox"/> No (Item A3)</p>	<p>16a. 44</p> <p>1 <input type="checkbox"/> Yes (16b) 2 <input type="checkbox"/> No } (Item A3) 9 <input type="checkbox"/> DK</p> <hr/> <p>b. 45</p> <p>1 <input type="checkbox"/> Didn't get mental health care</p>	
<p>ITEM A3 <i>About how often did the respondent appear to answer the questions in Part A accurately?</i></p>	<p>A3 46</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	
<p>ITEM A4 <i>About how often did the respondent appear to answer the questions in Part A honestly?</i></p>	<p>A4 47</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>	
<p>ITEM A5 <i>Enter the person number of the respondent. If more than one, enter the person number of the one who answered the most questions.</i></p>	<p>A5 48-49</p> <p>_____ Person number</p>	
CONTINUE WITH PART B		
Notes		